



Town of Nantucket

Request for Leave

Date: _____

To: _____
(Department Head/Supervisor)

From: _____
(Employee)

Leave Dates Requested: _____

Type of leave: ☐ Vacation
 ☐ Personal
 ☐ Sick
 ☐ Bereavement
 ☐ Comp. Time
 ☐ Unpaid
 ☐ Other: _____

Comments:

☐ Approved ☐ Disapproved

Signature: _____ Date: _____
(Department Head/Supervisor)

Comments:
